assayed by IFA. 16SrRNA genes of *A. phagcytophium* in blood samples of domestic animals were amplified by using nested PCR and genetic diversity of 16SrRNA genes were analyzed.
Results: The total positive rates of IgG antibody against *A. phagcytophium* for farmers were 34.9%. For 3 investigated counties, the positive rates were 77.4% in Guangde, 54.9% in Mingguang city and 10.3% in Huanyuan County respectively. The total seroprevalence in dogs, goats and ox were 33.3%, 0.76% and 0 respectively. Amplifying 16SrRNA gene of *A. phagcytophium* were 25.00% positive for dogs' blood samples, 0 for goats and 33.33% for ox respectively. Genetic diversity analysis showed there were two groups of *A. phagcytophium* in the study. One was classified in Guangde County and the other gathered in the north Huaiyuan County. Another clad with mixed above two variants of *A. phagcytophium* existed in Mingguang city located in the mideast of Anhui Province.
Conclusion: Prevalence of Anaplasmosis in human and domestic animals existed in Anhui Province and there are two groups of *A. phagcytophium* in these areas. Differential diagnose of zoonotic "rickettsial" infection should be emphasized in clinics.
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PP-241 Pay attention to differential diagnosis of anaplasmosis with thrombocytopenic syndrome

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Objective: Human granulocytic anaplasmosis (HGA) is emerging tick-borne rickettsial diseases (TBRD) caused by the obligate intracellular bacteria *Anaplasma phagocytophilum*. An unusual nosocomial human to human transmission of human granulocytic anaplasmosis (HGA) occurred in Anhui province in 2006. Subsequently, a pilot retrospective laboratory survey of suspected HGA cases in Shandong Provinces over 2004 to 2005 identified several cases by serology and blood PCR. In a recent investigation, a natural focus of Anaplasmosis has been confirmed in Yiyuan County, Shandong Province in 2008. In recent years, patients with fever and thrombocytopenic syndrome increased during April to October every year. In order to ensure if there're some HGA cases in the patients with fever and thromobocytopenic syndrome, we conducted clinical analysis and laboratory differential diagnoses on 42 patients with unknown febrile from Apr to Oct in 2011.
Methods: Summarize clinical features of 42 patients and collected blood samples in acute stage and recovery stage respectively. Detection of serum IgM and IgG antibodies to *A.phagocytophilum* and nested PCR amplifying 16SrRNA gene of *A.phagocytophilum* were conducted in Shandong Province CDC and China ICDC respectively.
Results: 7 cases of HGA had been confirmed. Typical clinical features for all patients were high fever (38.5°C-39.8°C), weakness, myalgia, Anorexia. No rash was observed. The WBC and platelet accounts decreased progressively after being hospitalized. Blood biochemical assay including AST and ALT showed 2–10 times elevated. 5 cases had been confirmed by serum 4 fold change. 2 cases were diagnosed through PCR. 1 patient was confirmed to be co-infection with Bunia Virus. All patients were recovered by oral administration doxycline and symptomatic treatment.
Conclusion: There are HGA cases among the patients with fever and thrombocytopenic syndrome. Differential diagnosis of HGA and describing specific antibiotics should be noticed in clinical practice.

PP-242 Epidemiological surveys of Q fever in YiLi regions of Xinjiang Province

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Objective: Q Fever is a worldwide zoonoses caused by *Coxiella burneti*. YiLi regions locate in the northwest of Xinjiang Province which is the biggest province of China. The local residences are mainly composed of several minority nationalities including Kazakhs, Uyghur and Muslim and the livelihood of farmers and nomads also live on raising livestock and digging herbs and moving about in search of pasture are their lifestyles, which increase livelihood vulnerability and sensitive to various infectious diseases especially zoonoses. Previously data indicated that there were prevalence of Q fever in the south regions of Xinjiang Province. In order to understand seroepidemiological situation of *Coxiella burneti* in farmers and domestic animals in YiLi regions of Xinjiang Province, a field epidemiological investigation was performed during May 15 to 21, 2009.
Methods: Twenty four sera from patients with unknown febrile and eighty five from domestic animals including fifty eight goats, sixteen ox and eleven horse were obtained and IgM and IgG antibodies against *Coxiella burneti* were detected by micro-indirect immunofluorescence assays (IFA). Diagnose reagents were purchased from Focus Company.
Results: Four cases of acute Q fever and two cases with chronic Q fever or convalescence were diagnosed. For animals, 75.44% goats were positive for IgM I phase antibody and 57.89% goats were positive for I phase IgG antibody. Ten goats with acute infection by *Coxiella burneti* and two goats with chronic infection were identified.
Coclusion: Prevalence of Q fever in farmers and nomads and domestic animals were demonstrated in YiLi regions of Xinjiang Province. Further and broad epidemiological surveys and necessary prevention and control methods should be conducted in these regions. Differential diagnose of unknown febrile patients in clinics should be emphasized.

PP-243 Divergence of *Anaplasma* isolates from domestic animals in YiLi regions of Xinjiang Province, China

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Objective: In order to investigation the epidemiological situation of *A. phagocytophium* in health population and animals including goats, ox, horses, marmota, red deer and *Citellus undulates* in *YiLi* regions, Xinjiang Province.
Methods: Using micro indirect immunofluoresce assay (mIFA), IgM and IgG antibody against *A. phagocytophium* were detected for sera from local healthy people and animals. Nested PCR targeted for 16SrRNA gene of *A. phagocytophium* were used to test blood DNA from human and animals. Divergence of sequences of *A. phogocytophium* 16SrRNA genes from domestic animals was analyzed.
Results: The positive rates of IgG antibody against to *A. phogocytophium* in healthy population and goats, ox